

Name

Mrs. Harriet Bast

CERTIFICATE OF DEATH

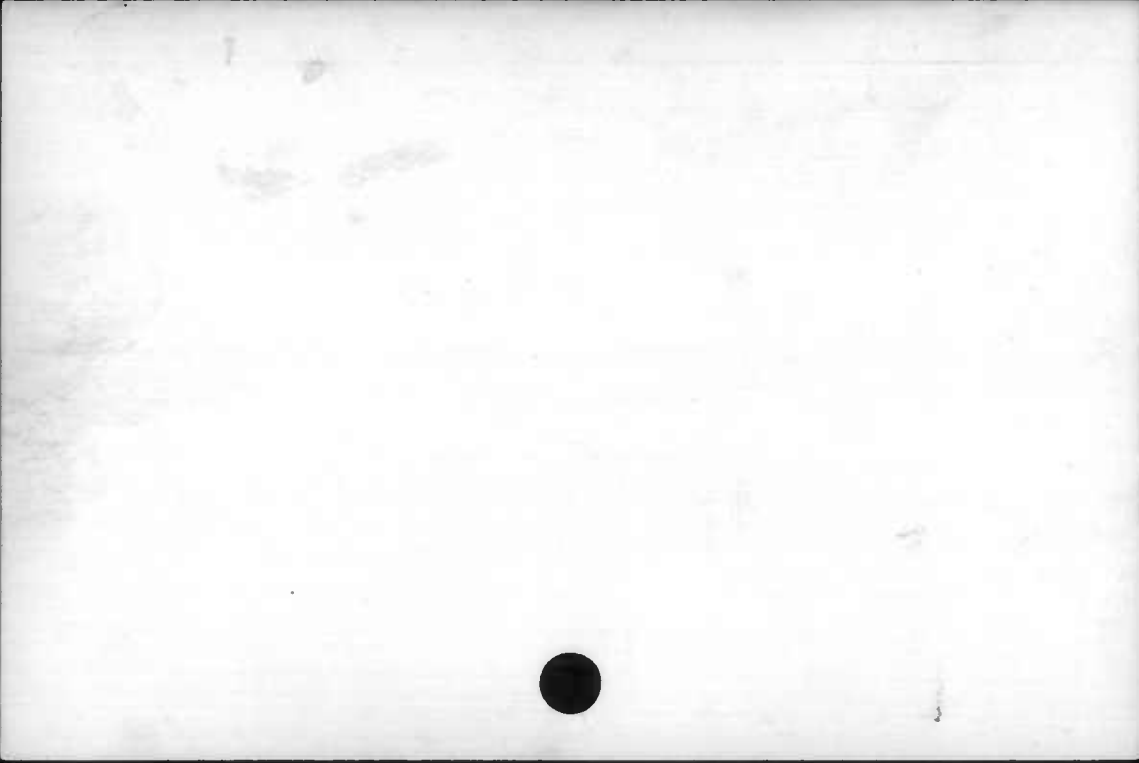
Died at *Bryantown* ^{Town} *R. A. Co.* ^{County} **MARYLAND**
 Date of death *1900 April 12* ^{Day} Age *70* ^{Years} Months ^{Months} Days ^{Days}
 Sex *Female* Color or Race *White* Birth-place *2 also,*
 Occupation *House Keeper* Where Residing if not at place of death *Bryantown*
 Married, Single or Widowed *Widowed* Name of Wife or Husband *Chas. Bast*
 Father's Name *Robt. Kane* Father's Birthplace *Del*
 Mother's Maiden Name *Rebecca Harris* Mother's Birthplace *2 also*
 Name of person giving Information *Mr. Chas. H. Todd* How related to deceased *Friend*

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary *Asthma* How long *Three years*
 Immediate *Heart failure* How long *Don't know*
 Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *R. H. Todd*
 Address *Bryantown*
 Accident or Suicide *no*

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas Henry Bedwell

Died at Haydoni Queen Anne

Date of death 1960 April 4 Age 69

Sex Male Color or Race White Birth-place Md.

Occupation Farmer Where Residing If not at place of death at place of death

Married, Single or Widowed Married Name of Wife or Husband Sarah A. Bedwell

Father's Name Noah Bedwell Father's Birthplace Del

Mother's Maiden Name Mary Ann Battle Mother's Birthplace Del

Name of person giving Information Sarah A Bedwell How related to deceased wife

CAUSES OF DEATH

154

Primary Senile Dementia

How long Two Years

Immediate Athermia

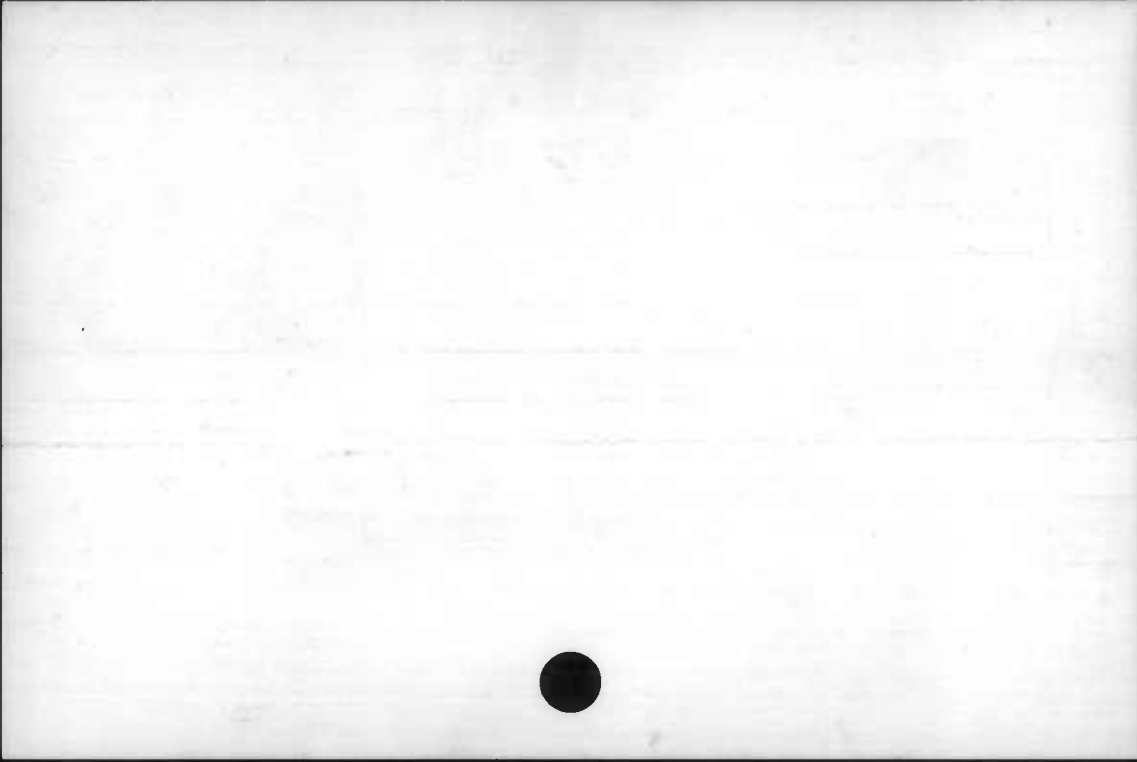
How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician W. J. Coppage

Address Church Hill

Attest as Suicide Md.



Name
in
Full

CERTIFICATE OF DEATH

Name *Mary E Blake* **Town** *2 June Anne R.F.D #1* **County** *Queen Anne* **State** *MARYLAND*

Died at *2 June Anne R.F.D #1* **Age** *53*

Date of death *1900* **Month** *4* **Day** *8* **Years** *53* **Months** *—* **Days** *—*

Sex *Female* **Color or Race** *Colored* **Birth-place** *Maryland*

Occupation *Housework* **Where Residing if not at place of death** *Queen Anne*

Married, Single or Widowed *Single* **Name of Wife or Husband** *—*

Father's Name *Not Known* **Father's Birthplace** *Not Known*

Mother's Maiden Name *Not Known* **Mother's Birthplace** *Not Known*

Name of person giving Information *Palmer Wilson* **How related to deceased** *Son*

CAUSES OF DEATH

Primary *Bright's Kidney* **How long** *2 yrs*

Immediate *Heart Failure* **How long** *2 yrs*

Are the name, age, sex, color, date and place correctly given above?

yes

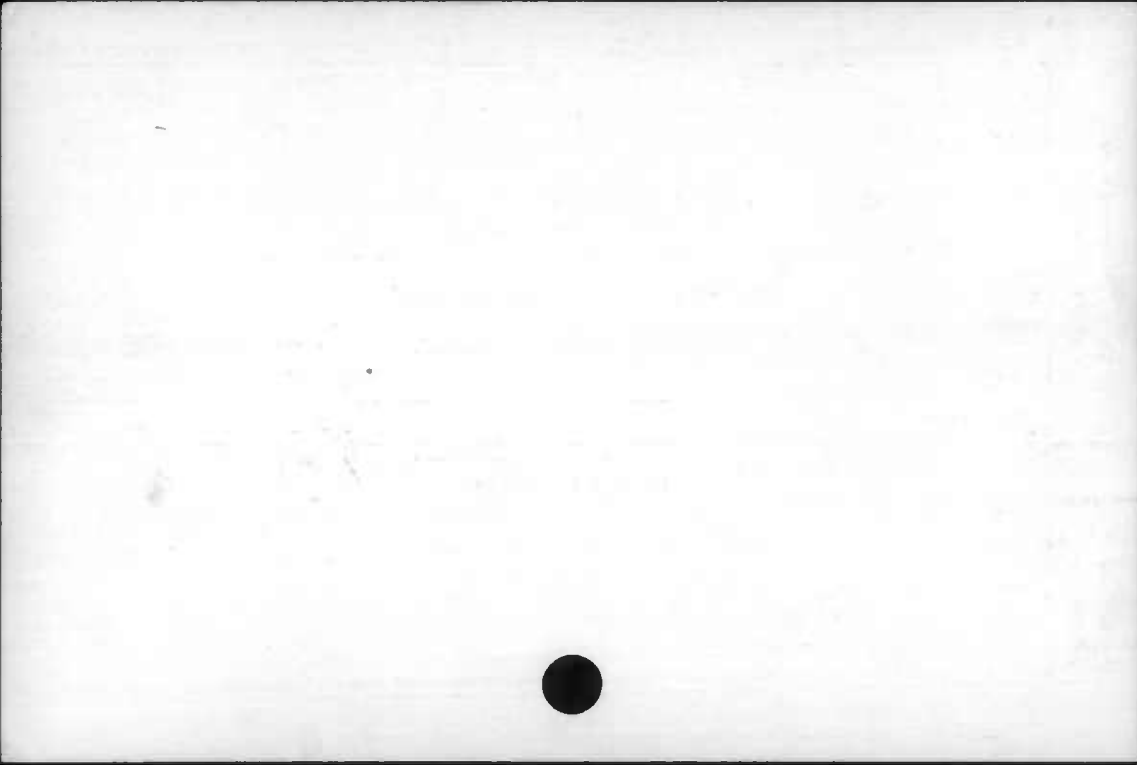
Signature of Physician

Address

Geo. Slack D.C.
Wyn. Mills
Ind.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Stephen Cole

CERTIFICATE OF DEATH

Died at *Wye Mills* ^{Town} *Queen Anne* ^{County} **MARYLAND**
 Date of death 19*60* ^{Month} *4th* ^{Day} *29* ^{Years} *58* ^{Months} *—* ^{Days} *—*
 Sex *Male* Color or Race *Cal.* Birthplace *D. A. Co. Md.*
 Occupation *Farmer* Where Residing if not at place of death *at Son's*
☒ Married, Single ☒ Widowed *er* Name of Wife or Husband *unknown*
 Father's Name *Stephen Cole, Sr.* Father's Birthplace *unknown*
 Mother's Maiden Name *Emaline* Mother's Birthplace *27*
 Name of person giving Information *Perry Cole* How related to deceased *Son*

CAUSES OF DEATH

Primary *Pulmonary* How long *7 mos.*
 Immediate *Hemorrhage of Lungs* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

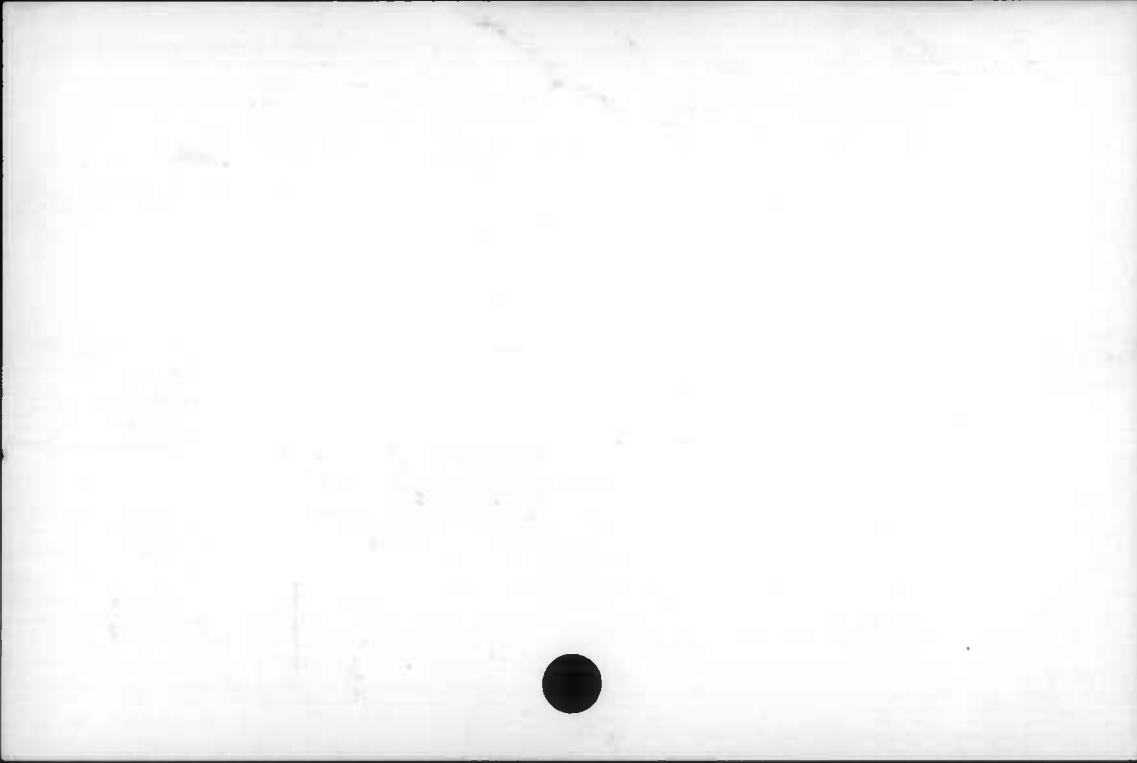
Signature of Physician

Address

W. W. Chairs
Queenstown, Md.

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDHester A. Covington
near Town

County

Died at Centreville

Queen Anne's

MARYLAND

Date of death 1980 April

Month

Day

29

Years

Age 77

Months

8

Days

20

Sex Female

Color or
Race

White

Birth-
place

Queen Anne's Co

Occupation

None

Where Residing if not
at place of deathMarried, Single
or Widowed

Widowed

Name of Wife or
Husband

Wm B Covington

Father's
Name

T. R. Straughn

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Jane Knotts

Mother's
Birthplace

Caroline Co

Name of person giving
Information

H. S. Covington

How related
to deceased

Son

CAUSES OF DEATH

64

Primary

Arteriosclerosis

How long

Long time

Immediate

Cerebral Hemorrhage

How long

5 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. M. G. G. G.
Centreville
MD

Accident or Suicide

m

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Thomas R. Emory

Town

County

Died at

near Centerville

Luzon Anne

MARYLAND

Date

of death 190

Month

4

Day

29

Age

Years

72

Months

Days

Sex

Male

Color or
Race

White American

Birth-
place

Luzon Anne to Md

Occupation

Farmer

Where Residing if not
at place of death

near Centerville

Married, Single
or Widowed

Widower

Name of Wife or
Husband

Fannie F. Emory

Father's
Name

Wm. Emory

Father's
Birthplace

D. R. Co. Md.

Mother's
Maiden Name

Fannie F. Wright

Mother's
Birthplace

D. R. Co. Md.

Name of person giving
Information

Thos R. Emory Jr

How related
to deceased

Son

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Organic Heart

How long

about 3 months

Immediate

Cardiac Paralysis

How long

Sudden

Are the name, age, sex, color, date
and place correctly given above?

Yes

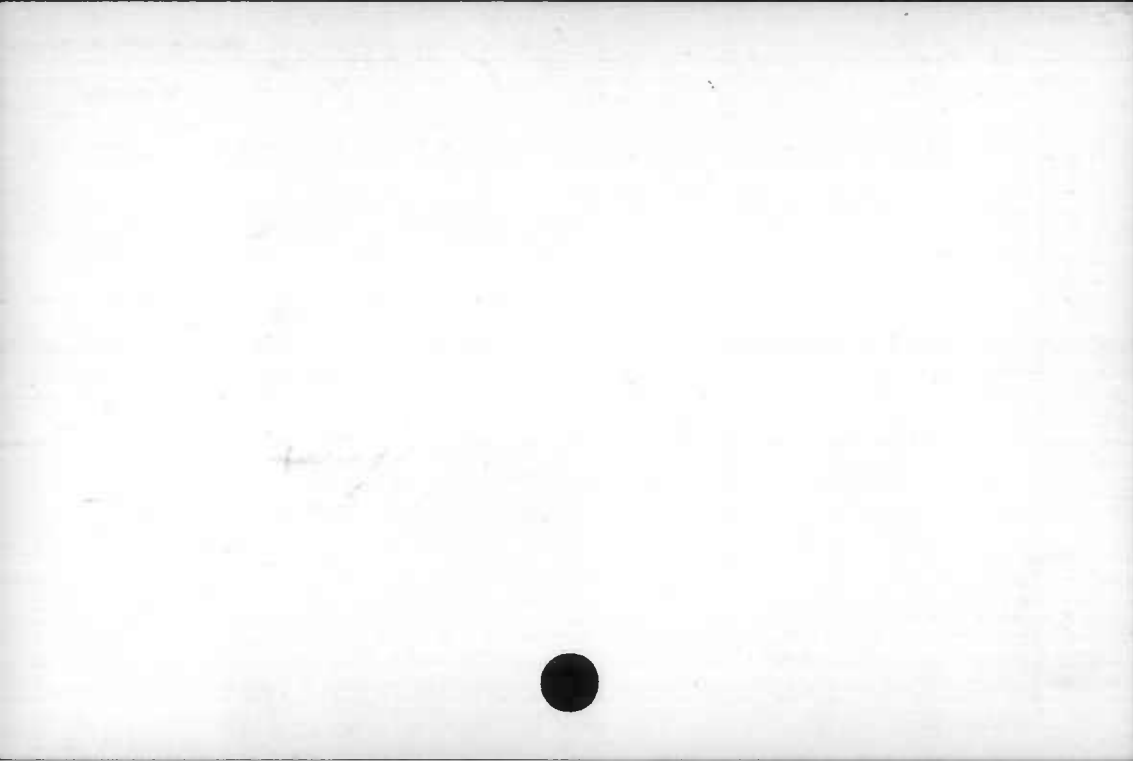
Signature of
Physician

Address

J. P. Emory Jr
Centerville
Md

Accident or Suicide

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Chester town</i>		County <i>Queen Anne</i>		MARYLAND	
Date of death <i>1940</i>	Month <i>Apr.</i>	Day <i>7</i>	Years <i>33</i>	Months <i>One</i>	Days <i>One</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place			
Occupation <i>Cook</i>	Where Residing if not at place of death <i>Near Chester town</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Joseph Goldsborough</i>				
Father's Name <i>Alexander Wilson</i>	Father's Birthplace <i>Kent Co Md.</i>				
Mother's Maiden Name <i>Melvina Ringgold</i>	Mother's Birthplace <i>Kent Co "</i>				
Name of person giving Information <i>Joe Goldsborough</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Valvular Heart Disease</i>	How long <i>2 years.</i>
Immediate <i>Dropsical Effusion</i>	How long <i>One</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Bruce Simmons</i>
<i>Yes</i>	Address <i>Chester town Md</i>
Accident or Suicide <i>No</i>	

Charles L. Todd.

Near Browns Corner.

2. Ames Co
Md.

Name
in
Full

Orena. Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centreville		County Sumner Anne		MARYLAND	
Date of death 1980		Month 4		Day 18		Age 18	
Sex Female		Color or Race Negro.		Months 9		Days →	
Occupation none		Where Reaiding if not at placa of death					
Married, Single or Widowed Single		Name of Wife or Husband none					
Father's Name Wm. Thomas Harris		Father's Birthplace 2. A. Co. Md.					
Mother's Maiden Name Isabell Smith		Mother's Birthplace Caroline Co. Md.					
Name of person gving Information Wm. Thomas Harris		How related to deceased Father					

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	6 months
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and placa correctly given above?		yes	
Signature of Physician		E. F. Smith	
Address		Centreville Md.	
Accident or Suicide		no	



Name
in
Full

Child

Hinds

CERTIFICATE OF DEATH

Town

County

Died at

Barclay

Queen Anne's

MARYLAND

Date

of death 1940

Month

April

Day

20

Years

Age Still Born

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Ind

Occupation

Where Residing if not
at place of deathMarried, Single
or Widowed

Child

Name of Wife or
HusbandFather's
Name

James E. Hinds

Father's
Birthplace

Ind

Mother's
Maiden Name

Clara J. Rochester

Mother's
Birthplace

Ind

Name of person giving
Information

James E. Hinds

How related
to deceased

Father

CAUSES OF DEATH

Primary

No Physician

How long

Still Born

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

R. H. Phillips sub Reg

Address

Barclay Ind

Accident or Suicide

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Ell R. Holden

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near Queenstown</i>		County <i>B. C.</i>		MARYLAND	
Date of death	Month <i>April</i>	Day <i>22</i>	Years <i>13</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>R. C. Co., Md.</i>		
Occupation <i>child</i>	Where Residing if not at place of death <i>near Queenstown</i>				
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Jas. Edward Holden</i>		Father's Birthplace <i>R. C. Co., Md.</i>			
Mother's Maiden Name <i>Annie Robey</i>		Mother's Birthplace <i>R. C. Co., Md.</i>			
Name of person giving Information <i>Bernard Holden</i>		How related to deceased <i>Brother</i>			

CAUSES OF DEATH

119 ✓

PHYSICIAN
OR CORONER

Primary	<i>Uremia</i>	How long	<i>39 days</i>
Immediate	<i>Heart failure</i>	How long	<i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>R. W. Ford</i>	
Accident or Suicide		Address <i>Queenstown, Md.</i>	



Name
in
Full

Eva Theresa Minch

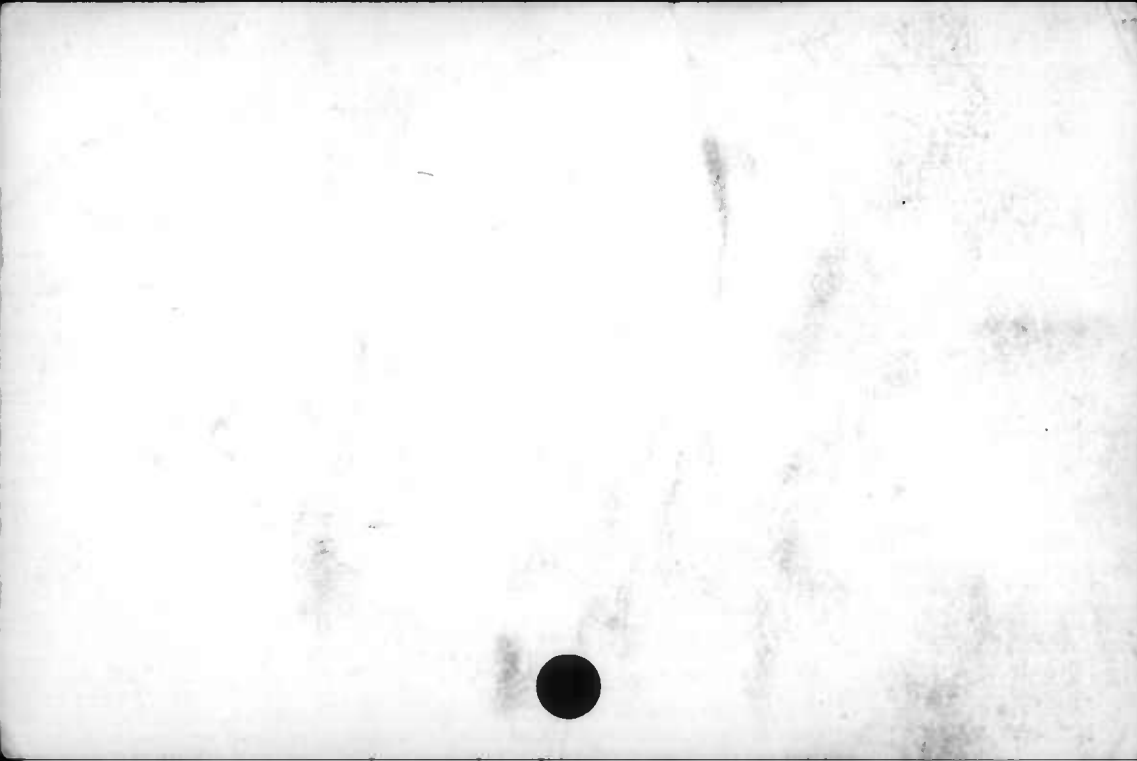
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied *near Church Hill* Town *Queen Anne's* County *MARYLAND*Date of death 19*40* Month *April* Day *28* Age *10* Months *6* Days *17*Sex *Female* Color or Race *White* Birth-place *L.A.C. Ind.*Occupation *School Girl* Where Residing if not at place of death *at place of death*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *Thomas A. Minch* Father's Birthplace *Balti Ind.*Mother's Maiden Name *Margareth C. Ullmann* Mother's Birthplace *Germany*Name of person giving Information *Thomas A. Minch* How related to deceased *Father*

CAUSES OF DEATH

166

Primary *Burned* How long *14 hours*Immediate *Shock* How long *14 hours.*Are the name, age, sex, color, date and place correctly given above? *Yes.* Signature of Physician *H. G. Cochrane*Address *Church Hill*Accident or Suicide *Ind*PHYSICIAN
OR CORONER



Name in Full *Louetta Morris*

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at *Queenstown* Town *Queenanne* County *MARYLAND*
Date of death *1900* Month *4* Day *16* Age *3* Years Months *7* Days *14*
Sex *Female* Color or Race *white* Birth-place *Nye Mills*
Occupation *—* Where Residing if not at place of death *Home*

~~Married~~ Single
~~or Widowed~~

Name of Wife or
Husband *—*

Father's Name *Charles H. Morris*

Father's Birthplace *Delaware*

Mother's Maiden Name *Sade Morris*

Mother's Birthplace *Queenstown*

Name of person giving Information *Chas. H. Morris*

How related to deceased *father*

CAUSES OF DEATH

Primary *Measles*

How long *3 weeks*

Immediate *Pneumonia*

How long *14 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *W. W. Chivers*

Address *Queenstown, Md.*

Accident or Suicide *8*

PHYSICIAN
OR CORONER



Name
in
Full

Clarence H Neuman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

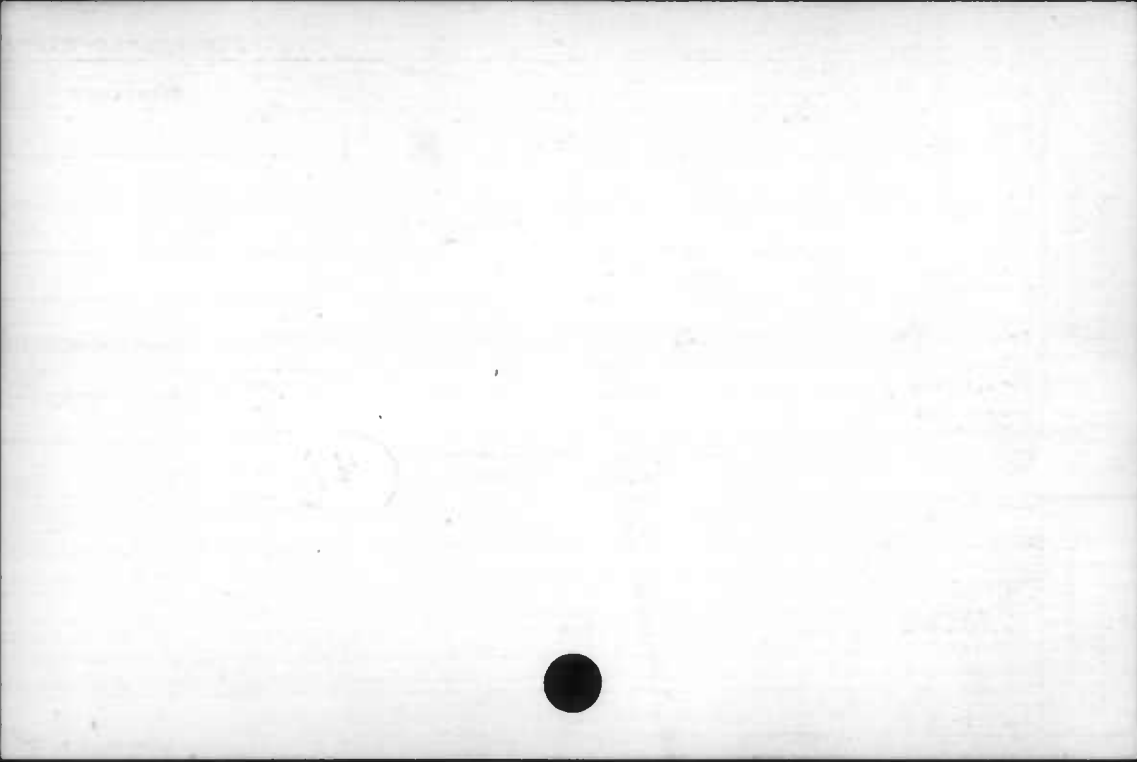
Died at <i>Centerville Md.</i>		Town <i>Centerville Md.</i>		County <i>Queen Anne's</i>		MARYLAND	
Date of death <i>1900</i>	Month <i>Apr.</i>	Day <i>20</i>	Age <i>57</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>Queen Anne's Co.</i>				
Occupation <i>Laborer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emily Neuman</i>					
Father's Name <i>Wm Neuman</i>		Father's Birthplace <i>Queen Anne's Co</i>					
Mother's Maiden Name <i>Margaret Askins</i>		Mother's Birthplace <i>Queen Anne's Co</i>					
Name of person giving Information <i>Isaac S. Bedford</i>		How related to deceased <i>Step Son</i>					

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>7 days.</i>
Immediate <i>Heart Failure</i>	How long <i>1 day.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. F. Smith</i>
	Address <i>Centerville Md.</i>
Accident or Suicide <i>No.</i>	



Name
in
Full

Annie E. Palmatary

CERTIFICATE OF DEATH

Died at *Centreville* Town*Queen Anne's* County

MARYLAND

Date of death *19th* AprilDay *2nd*Age *70* Years

Months

Days

Sex *Female*

Color or Race

White

Birth-place

Kent Co MD

Occupation

None

Where Residing if not at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

John T. Palmatary

Father's Birthplace

Delaware

Mother's Maiden Name

J. N. Covington

Mother's Birthplace

Delaware

Name of person giving information

W. C. Palmatary

How related to deceased

Son

CAUSES OF DEATH

Primary

Valvular Heart Disease

How long

10 years

Immediate

Pneumonia

How long

3 days.

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

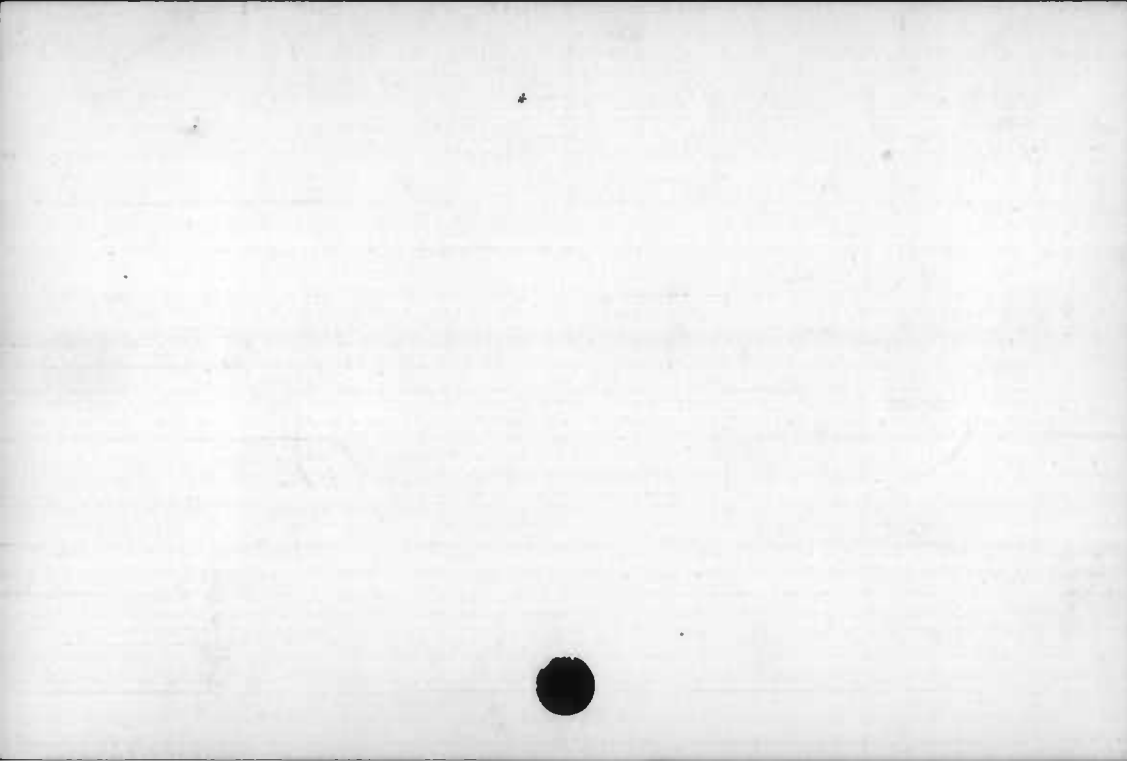
E. F. Smith

Address

Centreville Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Mary Pollard

CERTIFICATE OF DEATH

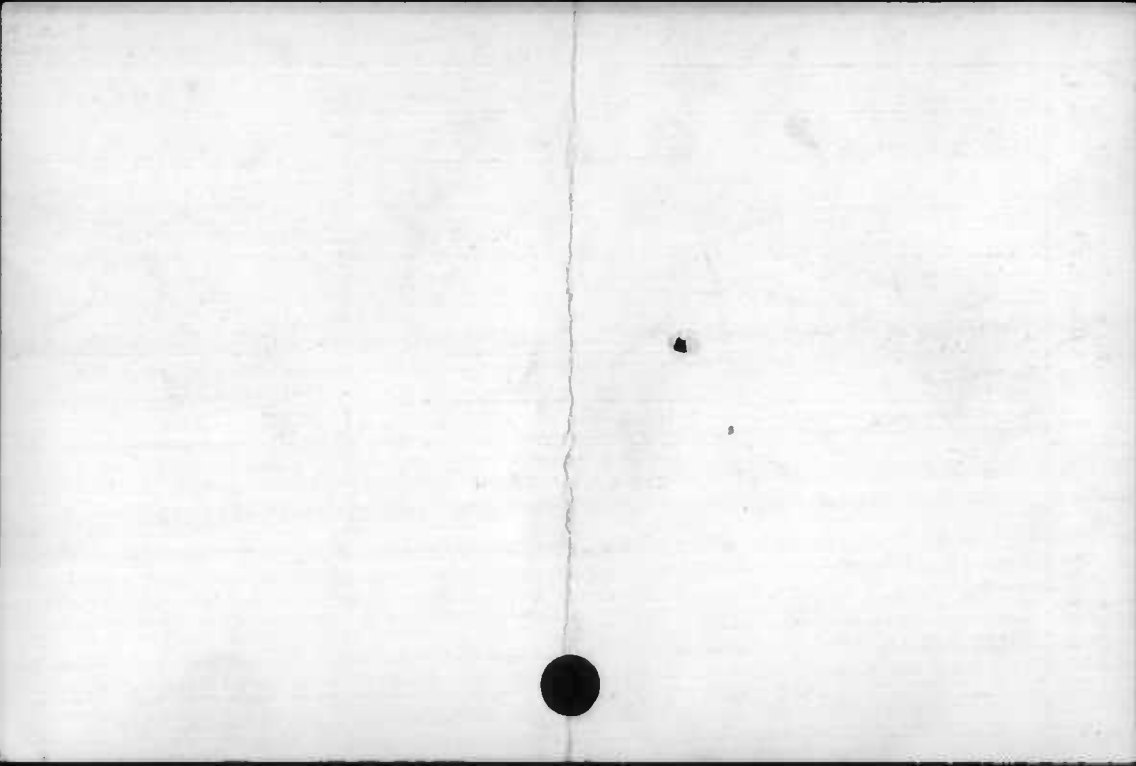
TO BE ANSWERED BY
NEAREST FRIEND

Died at	<i>Star</i>	Town	<i>Lucan</i>	County	MARYLAND						
Date of death	1900	Month	4	Day	28	Age	18	Months	4	Days	18
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Ind</i>				
Occupation	<i>Housework</i>			Where Residing if not at place of death		<i>Star</i>					
Married, Single or Widowed				Name of Wife or Husband							
Father's Name	<i>Harrison Pollard</i>						Father's Birthplace	<i>Virginia</i>			
Mother's Maiden Name	<i>I don't know</i>						Mother's Birthplace	<i>I don't know</i>			
Name of person giving Information	<i>Wm. Price</i>						How related to deceased	<i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Exposure to Cold</i>	How long	<i>3-4 days</i>
Immediate	<i>Purplal Fever</i>	How long	<i>10 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>J. V. Stack M.D.</i>
		Address	<i>Wye Mills, Ind.</i>
Accident or Suicide	<i>No</i>		



Name
in
Full

Martha Cinda Reed

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Centreville Town Queen Annes' County **MARYLAND**

Date of death 1900 Month April Day 12th Age 26 Years Months 3 Days 11

Sex Female Color or Race Colored Birth-place Centreville

Occupation Housework Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name William H. Reed Father's Birthplace Chestertown Md.

Mother's Maiden Name Henrietta Harris Mother's Birthplace Centreville Md.

Name of person giving Information William H. Reed How related to deceased Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

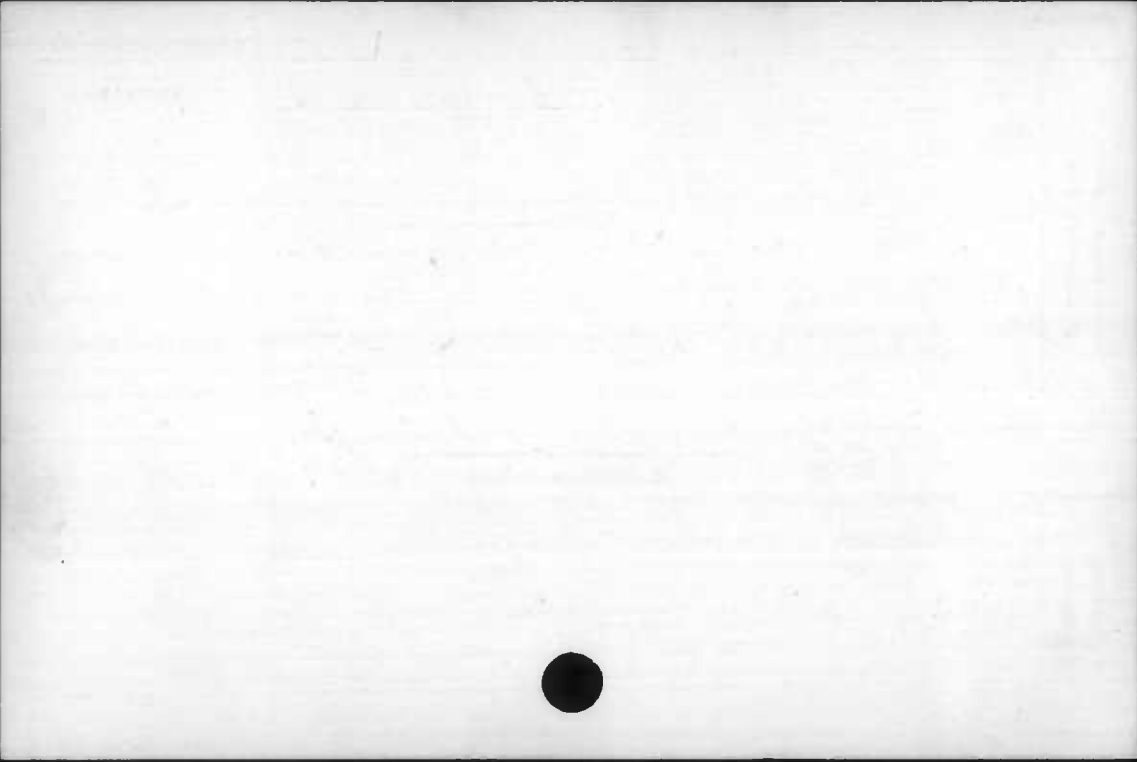
Primary Acute Pulmonary Tuberculosis How long 3 months

Immediate Exhaustion How long 2 days.

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician E. F. Smith

2 Address Centreville Md.

Accident or Suicide No.



Name
in
Full

Wm. W. H. Reynolds

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Centreville</u>		County <u>Queen Anne's</u>		MARYLAND		
Date of death	19 <u>90</u>	Month <u>April</u>	Day <u>4</u>	Age <u>29</u>	Months <u>1</u>	Days
Sex <u>Male</u>	Color or Race <u>Black</u>		Birth-place <u>North Carolina</u>			
Occupation <u>School Teacher</u>		Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Mary Reynolds</u>					
Father's Name <u>Joseph Reynolds</u>	Father's Birthplace <u>North Carolina</u>					
Mother's Maiden Name <u>Sarah Wiggins</u>	Mother's Birthplace <u>North Carolina</u>					
Name of person giving Information <u>Geo. W. Reynolds</u>		How related to deceased <u>Nephew</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long <u>3 days.</u>
Immediate	<u>Cerebral Hemorrhage</u>	How long
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician <u>E. F. Smith</u>
		Address <u>Centreville Md.</u>
Accident or Suicide		



Name
in
Full

Lottie Smith

CERTIFICATE OF DEATH

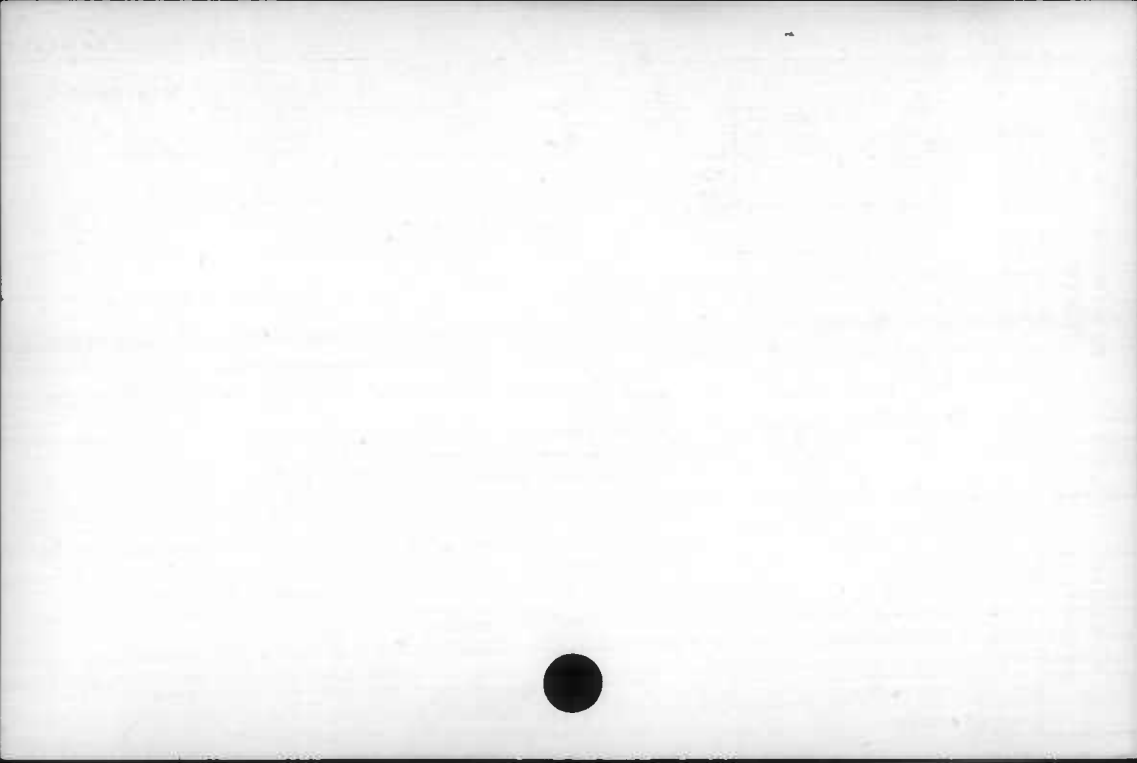
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centerville		County Queen Annes		MARYLAND	
Date of death 1900		Month Apr.	Day 10	Age 25	Years	Months	Days
Sex Female		Color or Race Negro.		Birth- place Queen Annes Co			
Occupation Domestic		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Thomas Smith		Father's Birthplace Queen Annes Co.					
Mother's Maiden Name Mary Cleaves		Mother's Birthplace Queen Annes Co.					
Name of person giving Information Thomas Smith		How related to deceased Father.					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Acute Articular Rheumatism	How long 10 days.
Immediate	Pneumonia	How long 4 days.
Are the name, age, sex, color, date and place correctly given above?		yes
Signature of Physician E. F. Smith		Address Centerville Md.
Accident or Suicide		No.



Name
in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eli Henry Toulson

Town **Robert** County **Queen Anne's** MARYLAND

Died **Robert** **Queen Anne's**

Date of death **1970** **April** **16** Age **1** **8** **—**

Sex **Male** Color or Race **Black** Birth place **Q. A. C. Ind.**

Occupation **—** Where Residing if not at place of death **at place of death**

Married, Single **—** Name of Wife or Husband **—**

Father's Name **Dennis Toulson** Father's Birthplace **Q. A. C. Ind.**

Mother's Maiden Name **Susie Jane Lomack** Mother's Birthplace **Talbot Co. Ind.**

Name of person giving Information **Walter Haskins** How related to deceased **none**

CAUSES OF DEATH

100

PHYSICIAN
OR CORONER

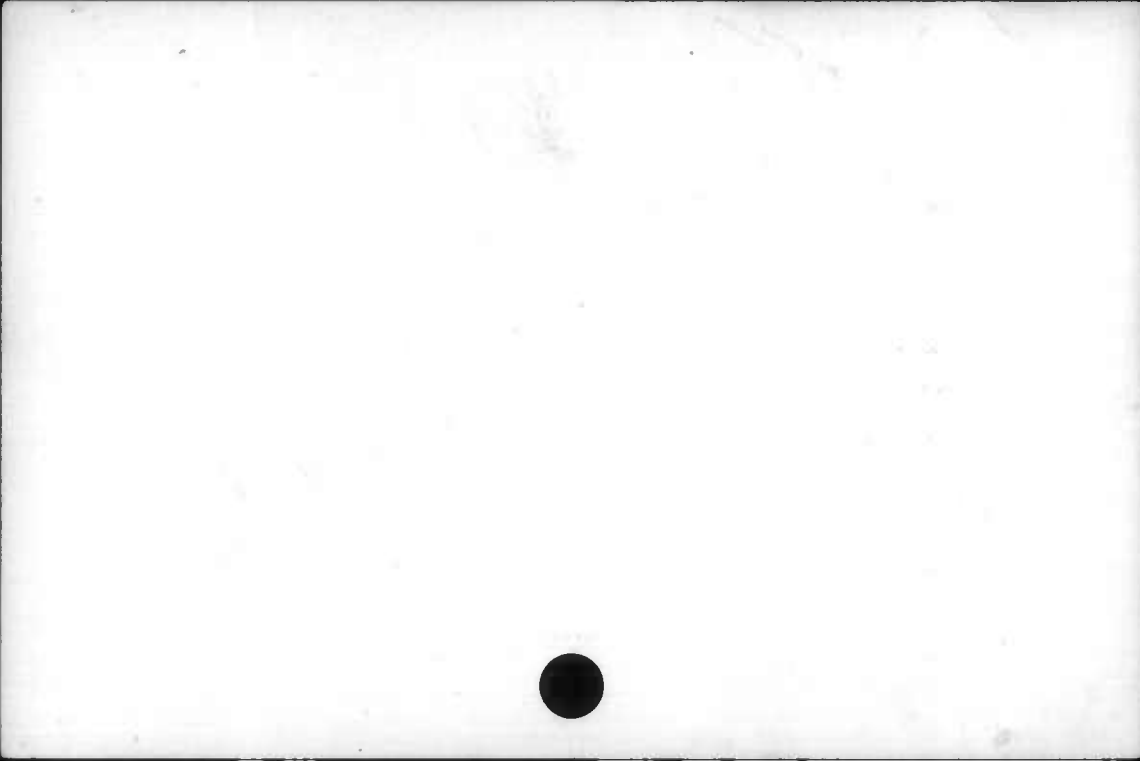
Primary **Dentition and Tonsillitis** How long **2 months**

Immediate **Spasms** How long **2 hours**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **W. L. Cappel** Address **Church Hill Ind.**

Accident or Suicide **—**



Name
in
Full

Charles Trusty Jr

CERTIFICATE OF DEATH

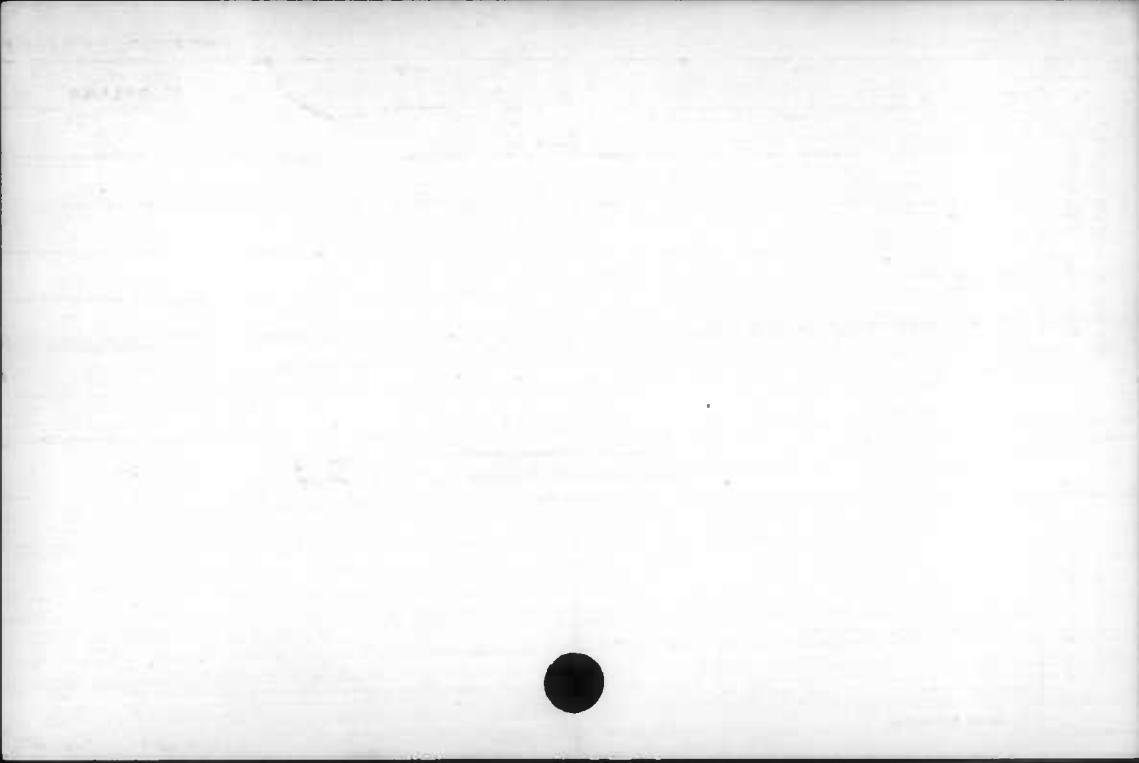
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Centreville		County Queen Anne's		MARYLAND	
Date of death		Month 1900	Day Apr.	Age	Years 22	Months	Days
Sex male		Color or Race Negro		Birth-place Centreville Md.			
Occupation Laborer		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband Mother Trusty					
Father's Name Charles Trusty		Father's Birthplace Centreville					
Mother's Maiden Name Katie Ringgold		Mother's Birthplace "					
Name of person giving Information Charles Trusty		How related to deceased Father					

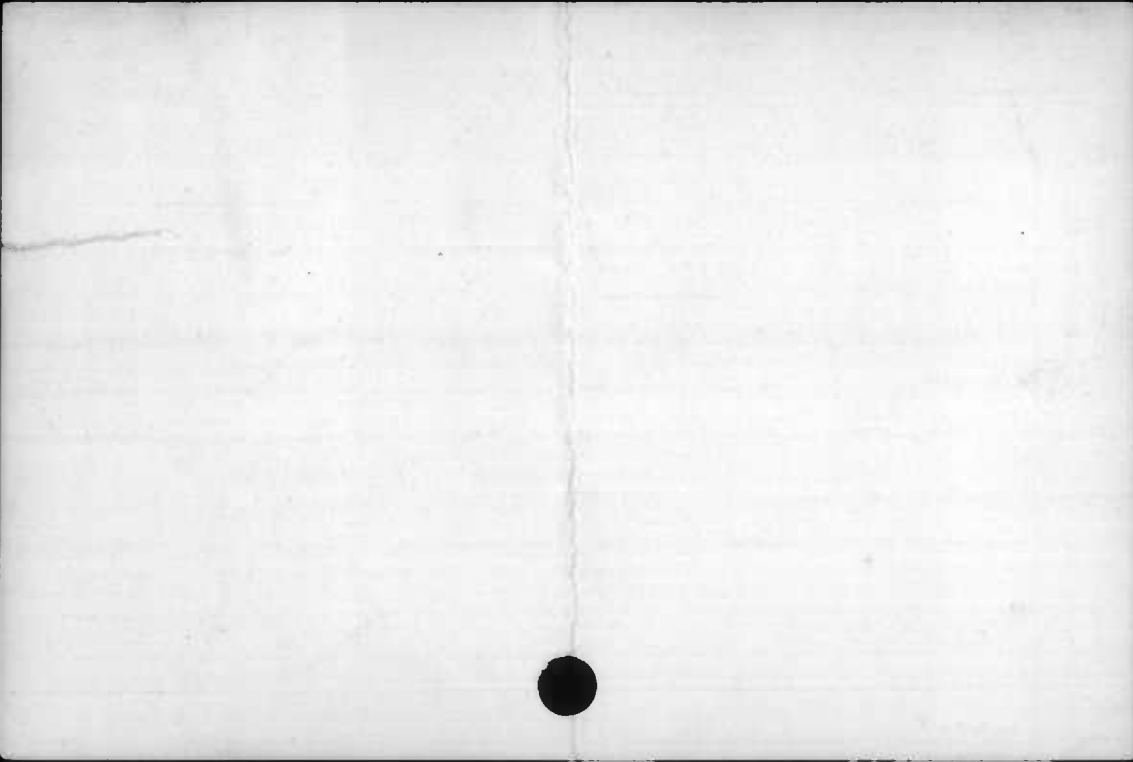
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long about 6 months
Immediate	Exhaustion	How long 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
yes		E. F. Smith
Address		Centreville Md.
Accident or Suicide		no.



Name in Full James E Wallace		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at Lucasville <small>Town</small>		June Anne <small>County</small>		MARYLAND	
	Date of death 1900	4 <small>Month</small>	3d <small>Day</small>	60 <small>Years</small>	Months <small>Days</small>	
	Sex Male	Color or Race White		Birth-place Mo		
	Occupation Farmer		Where Residing if not at place of death			
	Married, Single or Widowed		Name of Wife or Husband Mrs Elizabeth A Wallace			
	Father's Name David Wallace		Father's Birthplace Mo			
	Mother's Maiden Name Chambers		Mother's Birthplace Unknown			
	Name of person giving information Elizabeth Wallace		How related to deceased Wife			
CAUSES OF DEATH 64						
PHYSICIAN OR CORONER	Primary Apoplexy		How long 8 hours			
	Immediate " and Paralysis		How long 8 hours			
	Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Fred S. Scales			
			Address Lucasville			
	Accident or Suicide? no		no			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Howard Wesley Wilson

Town *near Church Hill* County *Queen Anne* MARYLAND

Died *near Church Hill*

Date of death 19*80* Month *April* Day *25* Age *—* Months *—* Days *20*

Sex *Male* Color or Race *Black* Birth place *Chenango Co. N.Y.*

Occupation *—* Where Residing if not at place of death *at place of death*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *William Thomas Wilson* Father's Birthplace *L.A. Co. Ind.*

Mother's Maiden Name *Georgia R. Jewell* Mother's Birthplace *L.A. Co. Ind.*

Name of person giving Information *William Thomas Wilson* How related to deceased *Father.*

CAUSES OF DEATH

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PHYSICIAN
OR CORONER

Primary *Ingestion* How long *20 days*

Immediate *Convulsions* How long *12 hours*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *J. G. Coffey*

Address *Church Hill Ind.*

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~~Accident or Suicide~~

